DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BIRCH NORTH (0009474)

Address: 5111 BIRCH STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 12/21/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096999 End Date: 04/26/2006 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092678 End Date: 05/07/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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P.O. Box 2969
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Complaint History

Date Complaint Received: 12/08/2003 Date Investigation Completed: 05/07/2004

Subject Area(s) Result SOD #

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